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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01157K
First Named Inventor	SAKSENA, et al
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

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Date July 19, 2001

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  →  Place Customer Number Bar Code Label here  
OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

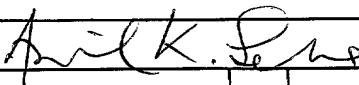
Name	PALAIYUR S. KALYANARAMAN		Reg. No. 34,634		
Address					
Address					
City			State	ZIP	
Country	Telephone	(908) 298-5068		Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname				
--------------------------------------	------------------------	--	--	--	--

ANIL K.	SAKSENA				
---------	---------	--	--	--	--

Inventor's Signature						Date	5/23/01
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.

Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
		Page <u>1</u> of <u>3</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
VIYYOOR MOOPIL			GIRIJAVALLABHAN				
Inventor's Signature	<i>Girijavallabhan</i>					Date	5/23/2001
Residence: City	PARSIPPANY	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RAYMOND G.			LOVEY				
Inventor's Signature	<i>Raymond G. Lovey</i>					Date	5/23/01
Residence: City	WEST CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
EDWIN			JAO				
Inventor's Signature	<i>Edwin</i>					Date	5/23/01
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
		Page <u>2</u> of <u>7</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature	<i>Frank Bennett</i>						Date <u>5/23/01</u>
Residence: City	PISCATAWAY	State	NJ	Country	U.S.A.	Citizenship	U.K.
Post Office Address	19 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature	<i>Jinping L. McCormick</i>						Date <u>6/8/01</u>
Residence: City	EDISON	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	U.S.A.	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	U.S.A.

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
		Page <u>3</u> of <u>1</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RUSSELL E.			PIKE				
Inventor's Signature	<i>Russell E. Pike</i>					Date	05/30/01
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
STEPHANE L.			BOGEN				
Inventor's Signature	<i>Stephane L.</i>					Date	05/25/01
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
YI-TSUNG			LIU				
Inventor's Signature	<i>Yi-Tsung Liu</i>					Date	5/30/01
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>4</u> of <u>5</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature	<i>Ashok Arasappan</i>						Date
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature	<i>Patrick A. Pinto</i>						Date
Residence: City	MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
F. GEORGE			NJOROGE				
Inventor's Signature	<i>F. George Njoroge</i>					Date	<i>05/30/01</i>
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHIT K.			GANGULY				
Inventor's Signature	<i>Ashit K. Ganguly</i>					Date	<i>5/22/01</i>
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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**DECLARATION**      **ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 6 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TERENCE K.			BRUNCK				
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5A CALLE SAN MARTIN						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SCOTT JEFFREY			KEMP				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 7 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA			LIM-WILBY				
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI A
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Attorney Docket Number		IN01157K
First Named Inventor		SAKSENA, et al
<b>COMPLETE IF KNOWN</b>		
Application Number	/	
Filing Date	July 19, 2001	
Group Art Unit	To Be Assigned	
Examiner Name	To Be Assigned	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS**

the specification of which

*(Title of the Invention)*

is attached hereto  
OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No. BL403237259US

Date July 19, 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 24265 → Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  
Direct all correspondence to:  Customer Number or Bar Code Label 24265 OR  Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34,634		
Address						
Address						
City			State		ZIP	
Country	Telephone	(908) 298-5068		Fax	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)				Family Name or Surname				
ANIL K.				SAKSENA				
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.		Citizenship	U.S.A.
Post Office Address	53 BEVERLEY ROAD							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.	

Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → 

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RUSSELL E.			PIKE				
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
STEPHANE L.			BOGEN				
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
YI-TSUNG			LIU				
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 4 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TEJAL		PAREKH					
Inventor's Signature	<i>[Signature]</i>						Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
F. GEORGE			NJOROGE				
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHIT K.			GANGULY				
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 6 of 7**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TERENCE K.		BRUNCK					
Inventor's Signature							Date
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5A CALLE SAN MARTIN						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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**DECLARATION**
**ADDITIONAL INVENTOR(S)  
Supplemental Sheet**
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** IN01157K

**First Named Inventor** SAKSENA, et al

**COMPLETE IF KNOWN**

Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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Date

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number  → *Place Customer Number Bar Code Label here*  
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34,634		
Address						
Address						
City			State		ZIP	
Country		Telephone	(908) 298-5068		Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	53 BEVERLEY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.

Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RUSSELL E.			PIKE				
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
STEPHANE L.			BOGEN				
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
YI-TSUNG			LIU				
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 7

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHOK

ARASAPPAN

Inventor's Signature

Date

Residence: City

BRIDGEWATER

State

NJ

Country

U.S.A.

Citizenship

INDIA

Post Office Address

18 LARSEN COURT

Post Office Address

City

BRIDGEWATER

State

NJ

ZIP

08807

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

TEJAL

PAREK

Inventor's Signature

Date

Residence: City

MOUNTAIN VIEW

State

CA

Country

U.S.A.

Citizenship

INDIA

Post Office Address

1885 EDNAMARY WAY, UNIT C

Post Office Address

City

MOUNTAIN VIEW

State

CA

ZIP

94040

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

PATRICK A.

PINTO

Inventor's Signature

Date

Residence: City

MORRIS PLAINS

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

34 BATTLE RIDGE ROAD

Post Office Address

City

MORRIS PLAINS

State

NJ

ZIP

07950

Country

U.S.A.

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 6 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TERENCE K.		BRUNCK					
Inventor's Signature	<i>Terence K. Brunck</i>						Date
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5A CALLE SAN MARTIN						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI A
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Patent Application  
105-16057  
13 - 2001-1731673

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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted **OR**  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01157K
First Named Inventor	SAKSENA, et al
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No. EL403237571US

Date July 19, 2001

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<b>U.S. Parent Application or PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>																																																																																													
<p><input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p> <p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 15%; text-align: center;">Customer Number</td> <td style="width: 15%; text-align: center;">24265</td> <td style="width: 15%; text-align: right;">→</td> <td style="width: 40%;">Place Customer Number Bar Code Label here</td> </tr> <tr> <td colspan="4" style="text-align: center;">OR</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><input type="checkbox"/> Registered practitioner(s) name/registration number listed below</td> </tr> <tr> <td style="width: 25%; text-align: center;">Name</td> <td style="width: 25%; text-align: center;">Registration Number</td> <td style="width: 25%; text-align: center;">Name</td> <td style="width: 25%; text-align: center;">Registration Number</td> </tr> <tr> <td colspan="5" style="height: 50px; vertical-align: top;"></td> </tr> </table> <p><input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.</p> <p>Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label      <b>24265</b>      OR    <input type="checkbox"/> Correspondence address below</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Name</b></td> <td colspan="3">PALAIYUR S. KALYANARAMAN</td> <td>Reg. No. 34,634</td> </tr> <tr> <td><b>Address</b></td> <td colspan="4"></td> </tr> <tr> <td><b>Address</b></td> <td colspan="4"></td> </tr> <tr> <td style="width: 30%;"><b>City</b></td> <td style="width: 15%; text-align: center;">State</td> <td style="width: 15%; text-align: center;">ZIP</td> <td colspan="2"></td> </tr> <tr> <td><b>Country</b></td> <td style="text-align: center;">Telephone</td> <td style="text-align: center;">(908) 298-5068</td> <td style="text-align: center;">Fax</td> <td style="text-align: center;">(908) 298-5388</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"><b>Name of Sole or First Inventor:</b></td> <td style="width: 55%; padding: 5px;"><input type="checkbox"/> A petition has been filed for this unsigned inventor</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Given Name (first and middle if any)</td> <td style="width: 50%; text-align: center;">Family Name or Surname</td> </tr> <tr> <td colspan="2">ANIL K.</td> </tr> </table> </td> </tr> <tr> <td style="width: 20%;"><b>Inventor's Signature</b></td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"><b>Date</b></td> <td style="width: 10%;"></td> </tr> <tr> <td><b>Residence: City</b></td> <td>UPPER MONTCLAIR</td> <td>State</td> <td>NJ</td> <td>Country</td> <td>U.S.A.</td> <td><b>Citizenship</b></td> <td>U.S.A.</td> </tr> <tr> <td><b>Post Office Address</b></td> <td colspan="7">53 BEVERLEY ROAD</td> </tr> <tr> <td><b>Post Office Address</b></td> <td colspan="7"></td> </tr> <tr> <td style="width: 10%;"><b>City</b></td> <td>UPPER MONTCLAIR</td> <td style="width: 10%; text-align: center;">State</td> <td>NJ</td> <td style="width: 10%; text-align: center;">ZIP</td> <td>07043</td> <td style="width: 10%; text-align: center;">Country</td> <td>U.S.A.</td> </tr> </table> <p><input checked="" type="checkbox"/> Additional inventors are being named on the <b>6</b> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto</p>			<input checked="" type="checkbox"/>	Customer Number	24265	→	Place Customer Number Bar Code Label here	OR					<input type="checkbox"/> Registered practitioner(s) name/registration number listed below					Name	Registration Number	Name	Registration Number						<b>Name</b>	PALAIYUR S. KALYANARAMAN			Reg. No. 34,634	<b>Address</b>					<b>Address</b>					<b>City</b>	State	ZIP			<b>Country</b>	Telephone	(908) 298-5068	Fax	(908) 298-5388	<b>Name of Sole or First Inventor:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Given Name (first and middle if any)</td> <td style="width: 50%; text-align: center;">Family Name or Surname</td> </tr> <tr> <td colspan="2">ANIL K.</td> </tr> </table>		Given Name (first and middle if any)	Family Name or Surname	ANIL K.		<b>Inventor's Signature</b>		<b>Date</b>		<b>Residence: City</b>	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	<b>Citizenship</b>	U.S.A.	<b>Post Office Address</b>	53 BEVERLEY ROAD							<b>Post Office Address</b>								<b>City</b>	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>1</u></b>	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL		PAREK					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 7**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.		GANGULY					
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>6</u> of <u>7</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TERENCE K.			BRUNCK				
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5A CALLE SAN MARTIN						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SCOTT JEFFREY			KEMP				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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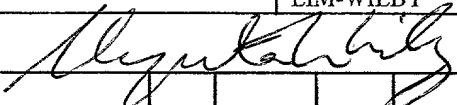
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI A
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							
Residence: City		State		Country		Citizenship	
Post Office Address							
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City		State		ZIP		Country	
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City		State		ZIP		Country	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		IN01157K
First Named Inventor		SAKSENA, et al
COMPLETE IF KNOWN		
Application Number	/	
Filing Date	July 19, 2001	
Group Art Unit	To Be Assigned	
Examiner Name	To Be Assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: [ ]

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Date	July 19, 2001

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 24265 →  Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  
Direct all correspondence to:  Customer Number or Bar Code Label 24265 OR  Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34,634		
Address						
Address						
City		State		ZIP		
Country	Telephone	(908) 298-5068		Fax	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)				Family Name or Surname			
ANIL K.				SAKSENA			
Inventor's Signature							Date
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Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>3</u> of <u>7</u>	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RUSSELL E.		PIKE						
Inventor's Signature							Date	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
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Inventor's Signature							Date	
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Inventor's Signature							Date	
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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 4 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 7**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

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Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 6 of 7****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 7 of 7

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
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Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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